



PTO/SB/51 (12-97)
Approved for use through 9/30/00. OMB 0651-0033
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

105773.00103

	203773.00103
As a below named inventor, I hereby declare that: My residence, post office address and citizenship are stated below nex I believe I am the original, first and sole inventor (if only one name is list and joint inventor (if plural names are listed below) of the subject matter in patent number	sted below) or an original, first
is attached hereto.	
was filed on as reissue application no and was amended on (If applicable)	umber /
I have reviewed and understand the contents of the above identified s as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to pate 37 CFR 1.56. I verily believe the original patent to be wholly or partly inoperative or in below. (Check all boxes that apply.)	entability as defined in
by reason of a defective specification or drawing.	
by reason of the patentee claiming more or less than he had the rby reason of other errors.	right to claim in the patent.
At least one error upon which reissue is based is described as follows:	
Both independent claims include a limitation	
"many elongated fingers." Since that limit	tation is not required
to avoid the prior art or to claim the inve	ention definitely, the
patent covers less than the patentee is ent	titled to claim.





PTO/SB/51 (12-97)

Approved for use through 9/30/00. OMB 0651-0033

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)			105	Docket Number (Optional) 105773.00103			
applicant. As a	cted in this reissue application named inventor, I hereby appo and transact all business in the	oint the foliov	Mina attorno	tive intenti	on on the part of the		
Name(s)		on Number		Ooc 00	nected therewith.		
David J.	Edmondson 35,12	26	· · · · ·	7) 70			
	. Greenbaum 28,41	19					
Donald R.	•						
Correspondence	Address: Direct all communication	ns about the a	application to:				
Customer Number 002779			\rightarrow		Place Customer Number Bar Code Label here		
OR	Type Customer Numi	ber here	」 /	Code L	abei nere		
Firm or Individual Name	BLANK ROME COMISKY	& McCA	ULEY LLE)			
Address	900 17th St., N.W Suite 1000						
Address							
City	Washington		State	DC	ZIP 20006		
Country		•		<u>DC</u>	ZIP 20006		
Telephone	202-463-7700		Fax	200 4	63-6915		
or both, under 18 Lapplication, any paragraphic part E. Inventor's signature X. Inventor's signature X. Residence Glenmoor Post Office Address 65 Denton D	re, PA	o made are plase statement to which this name) Date O 3 4 3	unishable by the state of the s	fine and imprdize the value of	risonment		
Inventor's signature	,	Date					
Residence			Citizenship				
Post Office Address	3						
Full name of third jo	int inventor (given name, family na	ame)					
nventor's signature		Date		•	•		
Residence			Citizenship				
Post Office Address			· .				
Additional joint	inventors are named on separatel	ly numbered s	heets attache	ed hereto.	·		